## Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER  390332			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/07/2023		
NAME OF PROVIDER OR SUPPLIER: GEISINGER ST. LUKE'S HOSPITAL STATE LICENSE NUMBER: 24870101			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 PARAMOUNT BLVD. ORWIGSBURG, PA 17961				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE			
P 0000	This report is the result of an onsite occupancy survey conducted on July 6, 2023, and completed off-site on July 7, 2023, at Geisinger St. Luke 's Hospital. The occupancy was for renovations to ad an Interventional Radiation Suite and to combine the patient flow for Ambulatory Procedure Unit/Post-Anesthesia Care Unit and Interventional Radiology Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pat Code, Part IV, Subparts A and B, November 1987, as amended June 1998 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities			P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE: (X6) DATE:							

State Form INFS 11 IF CONTINUATION SHEET Page 1 of 1



## **Certified End Page**

## **GEISINGER ST. LUKE'S HOSPITAL**

STATE LICENSE NUMBER: 24870101 SURVEY EXIT DATE: 07/07/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY